Congress of the United States

House of Representatives

Washington, **BC** 20515-0904

PRIVACY RELEASE

In accordance with the provisions of **The Privacy Act of 1974 (Public Law 93-579)**, I am required to have your written permission prior to contacting a federal agency on your behalf. Since emails do not contain a valid signature, they do not fulfill the requirements of the law.

PLEASE PRINT		
Name:	Date of Birth:	
Street Address:	Apt. #:	
City	State	Zip Code
Phone number:	Email:	
Social Security Number:	VA Claim Number:	
Other numbers identifying your case: _		
Federal agency involved:		
Please provide a brief description of the	problem and, if necessary, at	tach additional sheets.
I, the undersigned, hereby authorize the re any authorized member of his staff to mak	-	n to and by Congressman John Rutherford or
Signature:		Date:

PLEASE RETURN COMPLETED FORM TO: 4130 Salisbury Road, Suite 2500 Jacksonville, FL 32216